



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES

**NYS/UUP JLMCS' SUNY SYSTEM-WIDE PROFESSIONAL DEVELOPMENT
WORKSHOP APPLICATION**

Please complete this application and return it to NYS/UUP JLMC.

Workshop Title: _____

Workshop Location: _____ Workshop Date: _____

I. APPLICANT INFORMATION

Name: _____ Title/Rank: _____

Division/Department/Program: _____

Campus: _____

Work Mail Address: _____

Work Telephone: _____ Work Email: _____

Applicant Signature: _____ Date: _____

II. APPROVAL OF DIVISION/DEPARTMENT/PROGRAM

The applicant is approved for the following to attend this workshop:

release time

reimbursement of travel expenses

Name (Print): _____ Title: _____

Work Phone: _____ Email: _____

Signature: _____ Date: _____

For additional information contact NYS/UUP JLMC staff at:

(518) 486-4666

Fax: (518) 486-9220

nysuuplmc@goer.ny.gov

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